

JAN 30 2006

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. .... 09/844,175  
Filing Date .... April 27, 2001  
Inventorship .... Warren M. Farnworth et al.  
Assignee .... Micron Technology, Inc.  
Group Art Unit .... 2829  
Examiner .... R. Kobert  
Customer No. .... 021567  
Confirmation No. .... 4157  
Attorney's Docket No. .... MI22-1703  
Title: Removable Electrical Interconnect Apparatuses and Removable Engagement Probes

Mail Stop Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

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1. Transmittal Form (PTO/SB/21) & Fee Transmittal (PTO/SB/17) in duplicate
2. Supplemental Information Disclosure Statement with Form PTO-1449
3. Response to 9/28/2005 Office Action
4. Terminal Disclaimer
5. Request for Extension of Time (1 mo.)
6. Interview Summary

Dated: 1/30/06

By: 

Name

Natalie King

Telephone No.

(509) 624-4776

Facsimile No.

(509) 838-3424

NUMBER OF PAGES IN FACSIMILE: 30

JAN 30 2006

PTO/SB/21 (03-03)

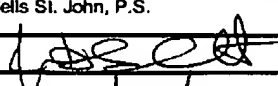
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/844,175
	Filing Date	April 27, 2001
	First Named Inventor	Farnworth et al.
	Art Unit	2829
	Examiner Name	R. Kobert
	Attorney Docket Number	MI22-1703
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO-1449; Interview Summary.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	James D. Shaurette, Reg. No. 39,833 Wells St. John, P.S.
Signature	
Date	1/27/06

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: January 30 2006	
Typed or printed	Natalie King
Signature	
Date	1/30/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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JAN 30 2006

PTO/SB/17 (12-04v2)  
Approved for use through 07/31/2006. OMB 0661-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCEEffective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1130.00

**Complete if Known**

Application Number	09/844,175
Filing Date	April 27, 2001
First Named Inventor	Famworth et al.
Examiner Name	R. Kobert
Art Unit	2829
Attorney Docket No.	M122-1703

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John, P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

43 - 20 or HP = 2 x 50.00 = 100.00

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

7 - 3 or HP = 3 x 200.00 = 600.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>100</u> - 100 = <u>0</u> / 50 = <u>0</u> (round up to a whole number) x <u>250</u> = <u>0</u>				

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS; Terminal Disclaimer; Req. for Ext.

Fees Paid (\$)

\$430.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	39,833	Telephone	509-624-4276
Name (Print/Type)	James D. Shaurette	Date	1/27/06		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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From: James D. Shaurette (Tel. 509-624-4276; Fax 509-838-3424)  
Wells, St. John, P.S.  
601 W. First Avenue, Suite 1300  
Spokane, WA 99201-3828

## INTERVIEW SUMMARY

Sir:

Applicants wish to thank the Examiner for the courtesies extended to the undersigned during the telephone interview. The undersigned and the Examiner discussed the objection to the drawings and the claims as set forth on pages 2-3 of the Office Action. In particular, the undersigned discussed the distinctions between the transitional phrases "comprising" and "consisting of." The undersigned noted that the claims use the phrase "comprising" and accordingly are open ended as opposed to the closed scope afforded to claims which use "consisting of." It follows that the claims which recite "an apex" also cover or read on constructions including a plurality of apexes by use of the term

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"comprising." Applicants' position was favorably received by the Examiner with respect to the claims and the drawings and the Examiner requested that Applicants submit a response which accompanies this interview summary. The response includes additional details of the interview.


The Examiner is requested to phone the undersigned if the Examiner believes such would facilitate prosecution of the present application. The undersigned is available for telephone consultation at any time during normal business hours (Pacific Time Zone).

Dated: \_\_\_\_\_

1/27/06

Respectfully submitted,

By: \_\_\_\_\_



James D. Shaurette  
Reg. No. 39,833